



City of Las Vegas ....  
**BATTERIES  
 INCLUDED**  
*Born with the Power to Change the World.*  
 ..... Teen Council

# Seeking Teens

## Ages 13-18

### TEEN COUNCIL

Chuck Minker Sports Complex  
 Cimarron Memorial High School  
 Cimarron Rose Community Center  
 Doolittle Community Center  
 East Las Vegas Community Center  
 Legacy High School  
 Nevada Partners  
 Stupak Community Center  
 Veterans Memorial Leisure Services Center

### LOCATIONS

N. Mojave Road & Stewart Avenue  
 Buffalo Drive & Tenaya Way  
 Durango Drive & Ann Roads  
 J Street & Lake Mead Boulevard  
 N. Eastern & Stewart Avenues  
 W. Deer Springs Way & 215 Beltway North  
 W. Lake Mead Boulevard & H Street  
 Boston Avenue & Las Vegas Boulevard  
 Alta Drive & Pavilion Center Drive

### CONTACT

(702) 229-6563  
 (702) 229-6242  
 (702) 229-1607  
 (702) 229-6374  
 (702) 229-6242  
 (702) 229-6242  
 (702) 924-2100, Ext.157  
 (702) 229-2488  
 (702) 229-1100

### UNLV THE Center – Center for Academic Enrichment & Outreach:

Gibson Middle School W. Washington Avenue & Decatur Boulevard (702) 229-6242  
 Canyon Springs High School Alexander Road & N. Fifth Street (702) 229-6242  
 Mirabelli Community Center Jones Boulevard & U.S. 95 (702) 229-6359

For more information call (702) 229-6242 or visit [www.lasvegasnevada.gov/batteriesincluded](http://www.lasvegasnevada.gov/batteriesincluded)



NEVADA PARTNERS

## Teen Council REGISTRATION FORM

We are always looking for new members to join Teen Council.



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ School Attending: \_\_\_\_\_

*For ourselves and/or on behalf of our child named below, our heirs, executors and administrators, we hereby expressly and forever waive and release the City of Las Vegas, and all their respective officers, employees, agents or representatives from any and all personal injuries or damages sustained, incurred, arising from, or connected with the program or activity described herein, including classes, tournaments and/or special events, and all activities related to, or in connection with, said activity of our child.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Indicate the Council you would like to attend. You will be contacted on the meeting dates and times. \_\_\_\_\_

